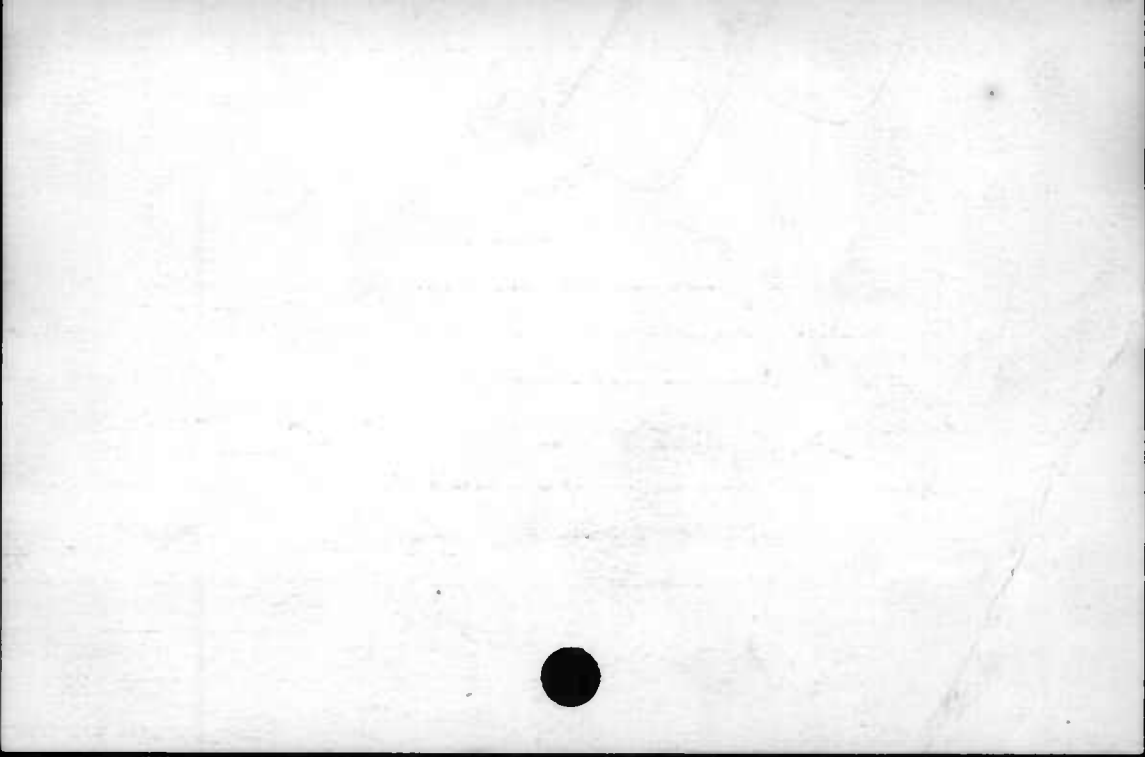


Name in Full		Marian Elizabeth Felty Felty <i>MS</i>				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Corwood</i> <small>Town</small>		County <i>Yuma</i>		MARYLAND								
		Date of death	1906	Month	May	Day	19	Age	2	Years	8	Months		Days
		Sex	Female		Color or Race	white		Birth-place	Md					
		Occupation				Where Residing if not at place of death								
		Married, Single or Widowed			Name of Wife or Husband									
PHYSICIAN OR CORONER		Father's Name <i>John H. Felty</i>						Father's Birthplace						
		Mother's Maiden Name <i>Bessie Hoyt</i>						Mother's Birthplace <i>Md</i>						
		Name of person giving information <i>Parents</i>						How related to deceased						
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary <i>meningitis</i>						How long <i>5 days</i>						
		Immediate <i>meningitis</i>						How long						
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician <i>M. C. Henebry</i>						
								Address <i>Corwood</i>						
		Accident or Suicide?												



Name  
in  
Full

*Jm M Riley*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Conellsville Hospital Pa</i>		Town <i>Conellsville</i>		County		Per <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>21</i>	Age	Years <i>22</i>	Months <i>10</i>	Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Kendal Garrett Md</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James Riley</i>				Father's Birthplace <i>W. V. a</i>			
Mother's Maiden Name <i>Anabel Tralf</i>				Mother's Birthplace <i>W. V. a</i>			
Name of person giving information <i>James Riley</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accident</i>	How long <i>7 hours</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Mason</i>
	Address <i>Frederickville Md</i>
Accident or Suicide?	

Alley Johnson

Name  
in  
Full

Beckwith Straus

## CERTIFICATE OF DEATH

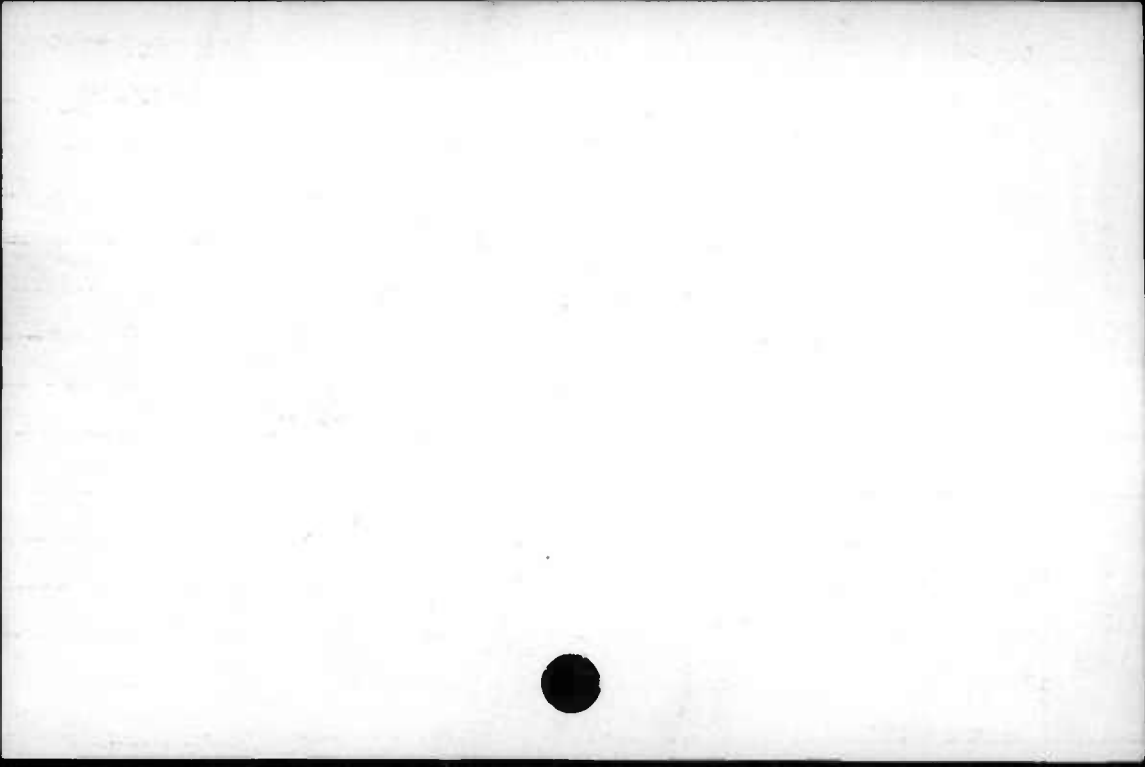
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oakland</i> <sup>Town</sup>		<i>Garnett</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>28</i>	Years <i>80</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place	
Occupation <i>Pensioner</i>			Where Residing if not at place of death		
Married, <del>Single</del> or Widowed		Name of Wife or Husband			
Fether's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cystitis</i>	How long <i>3 mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Shumbaugh</i>
	Address <i>Oakland</i>
Accident or Suicide?	



Name  
in  
Full

Clarence W. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Near Mr Henry* <sup>Town</sup> *Garrett* <sup>County</sup>  
 Date of death *1906* <sup>Month</sup> *May* <sup>Day</sup> *16* <sup>Years</sup> *16* <sup>Months</sup> *10* <sup>Days</sup> *16*  
 Sex *Male* Color or Race *white* Birth-place *Mr Henry*  
 Occupation *—* Where Residing if not at place of death *Mr Henry*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Michael Smith*

Father's Birthplace *Frostburg, Md.*

Mother's Maiden Name *Anna*

Mother's Birthplace *Accident, Md.*

Name of person giving information *Susan Englehart*

How related to deceased *Grandmother*

## CAUSES OF DEATH

Primary *Cholera Infantum*

How long *2 days.*

Immediate *Coma*

How long *34 hrs.*

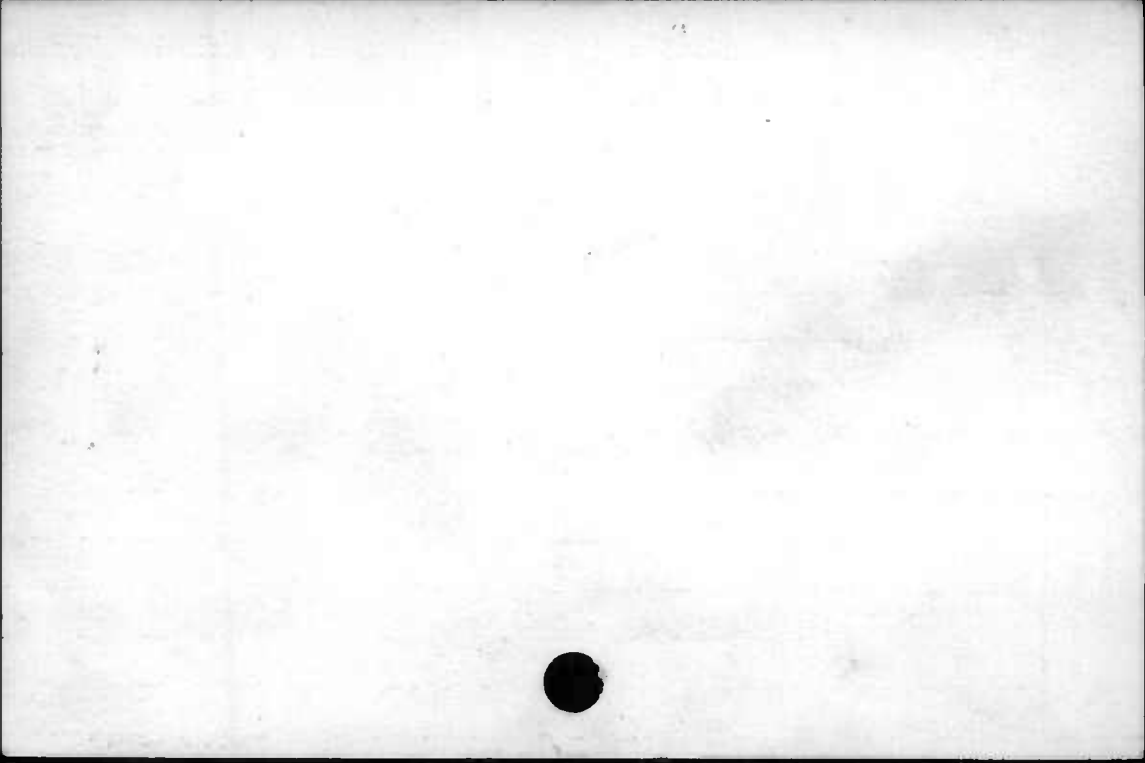
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*A. R. Beyer, M.D.*  
*Accident*  
*Md.*

Accident or Suicide?





Name in Full		Infant		Welch		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Still Born	Died at <i>Belhysport</i>		County <i>Garrett</i>		MARYLAND	
	Date of death	<i>1906</i>	Month <i>May</i>	Day <i>16</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
	Sex	<i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name <i>Isaac C Welch</i>			Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Hellen C Trawee</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Isaac C Welch</i>			How related to deceased <i>Father</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Till Born</i>			How long <i>—</i>		
	Immediate	<i>—</i>			How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Female</i>			Signature of Physician <i>H. J. Mason M.D.</i>			
				Address <i>Friendsville Ind</i>			
	Accident or Suicide?						

Stiles Cemetery

Name in Full		John Wilhelm Sen				CERTIFICATE OF DEATH	
Died at		Town Abilition		County Gorham		MARYLAND	
Date of death		Month May	Day 6	Age 80	Years	Months	Days
Sex Male		Color or Race White			Birth-place Md		
Occupation Farmer		Where Residing if not at place of death near Abilition					
Married, Single or Widowed Married		Name of Wife or Husband Rachel Jenkins					
Father's Name Daniel Wilhelm		Father's Birthplace Pa					
Mother's Maiden Name Foutch		Mother's Birthplace Pa					
Name of person giving information		Nelson Wilhelm				How related to deceased Bro	

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	old age 150		How long	=
	Immediate			How long	=
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	None	
	yes		Address	Doris M. Merrill Abilition	
Accident or Suicide?					

